

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

Community Choice Michigan

	ent Period) (Prior Period		Code95	<u>562</u> Employers I	D Number	38-3252216
Organized under the Laws	,	,	, State of Dor	micile or Port of Entry	М	ichigan
Country of Domicile			— nited States of A			
Licensed as business type:	Life, Accident & Health [] Property/0	Casualty []	Dental Service Corpor	ation []	
•	Vision Service Corporatio	n[] Other[]		Health Maintenance C	rganization [X	
	Hospital, Medical & Denta	I Service or Indemnity	[]	Is HMO, Federally Qua	alified? Yes [-] No [X]
Incorporated	05/24/1995	Comme	nced Business		08/01/1996	
·			loca Basilicos	Okon		
Statutory Home Office		ake Dr, Suite 200 and Number)	,,		nos, MI 48864 vn, State and Zip Co	ode)
Main Administrative Office			2369 Woodlake	e Dr, Suite 200		
_	kemos, MI 48864		(Street and		22	
	Town, State and Zip Code)			(Area Code) (Telephor		
Mail Address	2369 Woodlake Dr, Su		.,	Okemos,		
Drimony Location of Dools o	(Street and Number or P.O	Box)	0000		ate and Zip Code)	
Primary Location of Books a	nd Records		2369	Woodlake Dr, Suite 200 (Street and Number)		
	kemos, MI 48864 Town, State and Zip Code)			517-706-66		
` ,	TOWIT, State and ZIP Code)		MANAN SOMba	(Area Code) (Telephor	ie Number)	
Internet Website Address		A 0	www.ccmhm		700 000 1	
Statutory Statement Contact		A. Saxton		51 /- (Area Code) (Telep	706-6604 hone Number) (Exte	ension)
kim.sax	kton@care-source.com (E-mail Address)			517-349-53 (FAX Number		
	, , ,			`	,	
Policyowner Relations Conta		eet and Number)	2369 Woodlake	e Dr, Suite 200		
	kemos, MI 48864	eet and Number)		800-390-71	02	
(City or	Town, State and Zip Code)			(Area Code) (Telephone Nur	nber) (Extension)	
		OFFIC	FRS			
Name	Т	itle		Name		Title
Karl V Kovacs		utive Officer		ris Shea ,		ice-President
Christine Baumgardne	er , Board F	President		on Gallop , _	Board Secr	etary- Treasurer
Robert Bair	Chief Fina	OTHER OF ncial Officer	FICERS			
				··		
Volma Handarahatt		IRECTORS O			∧ n+h	any Kina
Velma Hendershott Patricia Teague #		Jones Williams #		e Holmes 'n Williams #	Antn	ony King
			•			
	_Michigan	ss				
County of	Ingham					
The officers of this reporting ent above, all of the herein describer this statement, together with relations to the condition and affairs of the completed in accordance with that state rules or regulations recrespectively. Furthermore, the sc exact copy (except for formatting to the enclosed statement.	d assets were the absolute prop ted exhibits, schedules and exp e said reporting entity as of the e NAIC Annual Statement Instru- quire differences in reporting not cope of this attestation by the de	erty of the said reporting of anations therein containe reporting period stated ab titions and Accounting Pra related to accounting pra scribed officers also inclu	entity, free and clead, annexed or refe tove, and of its included its included its included its included its included its and procedutions and procedudes the related co	ar from any liens or claims to rred to is a full and true statoome and deductions therefroliers manual except to the earnes, according to the best of the tresponding electronic filing	hereon, except as tement of all the a rom for the period extent that: (1) sta of their information with the NAIC, w	s herein stated, and that assets and liabilities and dended, and have been ate law may differ; or, (2) n, knowledge and belief, when required, that is an
Karl V Ko		Christine Ba			Robert B	
Chief Executiv	e Officer	Board Pr	esident		Chief Financia	l Officer
Subscribed and sworn to b 23 day of	efore me this February, 2005			a. Is this an original filb. If no,1. State the amendr2. Date filed		Yes [X] No []
A				3. Number of pages	attached	
Stephanie Wycoff Notary Public 08–15–2006						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

NONE Description of the subtotal of the subto							
NONE NONE 0299997 Group subscriber subtotal 0299997 Group subscriber subtotal 0299997 Joan pubscriber subtotal 0299997 Group subscriber subtotal 0299997 Toda jgroup 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	2	3	4	5	6	7
NONE NONE Describers: Occasionary Group subscriber subtotal Occasionary Group subscriber subscriber subscriber subscriber subscriber subscriber subscriber subscriber subs		1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
NONE NONE Describers: Occasionary Group subscriber subtotal Occasionary Group subscriber subscriber subscriber subscriber subscriber subscriber subscriber subscriber subs	0199999 Total individuals						
NONE Description of the subtotal of the subto	Group subscribers:						
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·						
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
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0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
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0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			····				
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0		ļ	F	†			
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0				+			
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0				+			
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0							
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0							
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0							
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0							
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0							
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0					•		
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0	0299997 Group subscriber subtotal	0	0	0	0	0	0
0299999 Total group	0299998 Premiums due and unpaid not individually listed						
0399999 Premiums due and unpaid from Medicare entities	0299999 Total group	0	0	0	0	0	0
049999 Premiums due and unpaid from Medicaid entities	0399999 Premiums due and unpaid from Medicare entities						
	0499999 Premiums due and unpaid from Medicaid entities						
	0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	IIDII 3 - IILALIII CAF					
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
ndividually Listed Receivables:						
irst Health	212,825 					212 ,825 217 ,234
xpress Scripts		.68,793			187,087	217 , 234
ndividually Listed Receivables: irst Healthxpress Scripts	282,695	68,793		198,758	187,087	430,059
state Of Michigan Capitation. State of Michigan Maternity.				233,475 651,293		629 , 657 1 , 140 , 145
State of Michigan Maternity		98,341	61,026	651,293		1 , 140 , 145
0499999 -	589,501	166,424	129,109	884,768		1,769,802
0599998 - Aggregate of amounts not individually listed above.				116,379	116,379	
0599999 -				116,379	116,379	
Subrogation.						30,000
0699999 -	30,000					30,000
			·····			
		ł	······			
		ł	-		·····	
0799999 Gross health care receivables	902,196	235,217	196,009	1,199,905	303,466	2,229,861

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims		_	_	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.						0
0399999 Aggregate accounts not individually listed-covered	2,151,094	38,773	20,646	13,872	177,913	2,402,298
0499999 Subtotals	2,151,094	38,773	20,646	13,872	177 ,913	2,402,298
0599999 Unreported claims and other claim reserves						11,500,697
0699999 Total amounts withheld						1,185,390
0799999 Total claims unpaid						15,088,385
0899999 Accrued medical incentive pool and bonus amounts						346,130

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Sterling Health Services Family Health Center Kalamazoo Family Medical Center of Michigan Intercare IHN		•					
Sterling Health Services				29,037	29,037		
Family Health Center Kalamazoo	15,678					15,678	
Family Medical Center of Michigan	18,041					18,041	
Intercare IHN	51,878					51,878	
Thunder Bay Commm Health Svcs	12,470					12,470	
	, , ,					,	
0199999 Individually listed receivables	98,067		0	29,037	29,037	98,067	
0299999 Receivables not individually listed	4,734					4,734	
0399999 Total gross amounts receivable	102,801	C	0	29,037	29,037	102,801	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
	NONE			
0400000 ledicides III. Estad acception		Λ	Λ	Λ
0199999 Individually listed payables		U	U	U
UZ99999 Payables not individually listed		^	^	^
0399999 Total gross payables		0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Community Choice Michigan

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	472,673	0.5		0.0		472,673
2. Intermediaries	0	0.0		0.0		
3. All other providers	2,052,048	2.3		0.0	179,772	1,872,276
4. Total capitation payments	2,524,721	2.9	0	0.0	179,772	2,344,949
Other Payments:						
5. Fee-for-service	9,035,672	10.3	XXX	XXX	512,308	8,523,364
6. Contractual fee payments	69,846,796	79.4	XXX	XXX	3,422,574	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	6,529,239	7 .4	XXX	XXX		6,529,239
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	85,411,707	97.1	XXX	XXX	3,934,882	81,476,825
13. TOTAL (Line 4 plus Line 12)	87,936,428	100 %	XXX	XXX	4,114,654	83,821,774

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

·	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
				1	1
				1	1
				1	1
	NONE		1	1	1
				1	1
				1	
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				f	<u> </u>
				d	<u> </u>
9999999 Totals			XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Community Choice Michigan

EXHIBIT 8 – FURNITURE, EQUIPMENT A	IENT AND SUPPLIES OWNED	JPPLIES	OWNED				
	-	2	3	4	5	9	_
Description	ost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets	
1. Administrative furniture and equipment							
2. Medical furniture, equipment and fixtures							
Pharmaceuticals and surgical supplies							
Durable medical equipment							
5. Other property and equipment							
6. Total	0	0	0	0	0	0	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) 2. Okemos, Michigan

REPORT FOR: 1. CORPORATION Community Choice Michigan

										(LOCA	TION)		
NAIC Group Code 0000 BUSINESS IN THE STATE C	F Michigan	0	to a section		DURING THE YE	AR 2004	1	ı	1	1	NAIC Compar	ny Code	95562
	1	Compre (Hospital 8		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	56,312								56,312				
2 First Quarter	53,815								53,815				
3 Second Quarter	50 , 581								50,581				
4. Third Quarter	48,920								48,920				
5. Current Year	49,047								49,047				
6 Current Year Member Months	613,478								613,478				
Total Member Ambulatory Encounters for Year:													
7. Physician	337,509								337,509				
8. Non-Physician	207,583								207,583				
9. Total	545,092	0	0	0	0	0	0	0	545,092	0	0	0	0
10. Hospital Patient Days Incurred	18,309								18,309				
11. Number of Inpatient Admissions	4,367								4,367				
12. Health Premiums Written	101,920,934								101,920,934				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	101,422,652								101,422,652				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	87 , 936 , 428								87,936,428				
18. Amount Incurred for Provision of Health Care Services	81,750,761								81,750,761				

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Community Choice Michigan

NAME OF THE OTHER OF THE OTHER OF	-0 "111					4 D 000 4				(LOCA	TION)	0 1	05500
NAIC Group Code 0000 BUSINESS IN THE STATE OF	Consolidated	Compre	hansiya	<u> </u>	DURING THE YEA	AR 2004	T			1	NAIC Compar	ny Code	95562
	1	(Hospital 8		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:						-							
1. Prior Year	56,312	0	0	0	0	0	0	0	56,312	0	0	0	
2 First Quarter	53,815	0	0	0	0	0	0	0	53,815	0	0	0	
3 Second Quarter	50,581	0	0	0	0	0	0	0	50,581	0	0	0	
4. Third Quarter	48,920	0	0	0	0	0	0	0	48,920	0	0	0	
5. Current Year	49,047	0	0	0	0	0	0	0	49,047	0	0	0	
6 Current Year Member Months	613,478	0	0	0	0	0	0	0	613,478	0	0	0	
Total Member Ambulatory Encounters for Year:													
7. Physician	337 , 509	0	0	0	0	0	0	0	337,509	0	0	0	
8. Non-Physician	207,583	0	0	0	0	0	0	0	207,583	0	0	0	
9. Total	545,092	0	0	0	0	0	0	0	545,092	0	0	0	
10. Hospital Patient Days Incurred	18,309	0	0	0	0	0	0	0	18,309	0	0	0	
11. Number of Inpatient Admissions	4,367	0	0	0	0	0	0	0	4,367	0	0	0	
12. Health Premiums Written	101,920,934	0	0	0	0	0	0	0	101,920,934	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	101,422,652	0	0	0	0	0	0	0	101,422,652	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		0	0	0	0	0	0	0	87 , 936 , 428	0	0	0	
18. Amount Incurred for Provision of Health Care Services	81,750,761	0	0	0	0	0	0	0	81,750,761	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0

SCHEDULE A - VERIFICATION BETWEEN YEARS

		^
	Book/adjusted carrying value, December 31, prior year (prior year statement).	0
	Increase (decrease) by adjustment:	0
	2.1 Totals, Part 1, Column 11	۷
3	2.1 Totals, Part 1, Column 11 2.2 Totals, Part 3, Column 7 Cost of acquired, (Totals, Part 2, Column 6, net of encumb ance con an 7) and at on editions and permanent improvements (Column 9)	 n
4	Cost of additions and permanent improvements:	
•	4.1 Totals, Part 1, Column 14	0
	4.2 Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	_
	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	0
9.	Total valuation allowance	
	Subtotal (Lines 8 plus 9)	
	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0
	SCHEDULE B - VERIFICATION BETWEEN YEARS	
1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2.	Amount loaned during year:	
	Amount loaned during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions	
		0
	Accrual of discount and mortgage interest points and commitment fees	
	Increase (decrease) by adjustment	
	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
	Amortization of premium	
	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.		
11.		_
12	Total nonadmitted amounts	
12.		
	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	
13.	SCHEDULE BA - VERIFICATION BETWEEN YEARS	0
13.	SCHEDULE BA - VERIFICATION BETWEEN YEARS	0
13.	SCHEDULE BA - VERIFICATION BETWEEN YEARS	0
13.	SCHEDULE BA - VERIFICATION BETWEEN YEARS Book/adjusted carrying value of long-term invested assets owned_December 31 of prior year	0
13. 1. 2.	SCHEDULE BA - VERIFICATION BETWEEN YEARS Book/adjusted carrying value of long-term invested assets owned. December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions	0
13. 1. 2.	SCHEDULE BA - VERIFICATION BETWEEN YEARS Book/adjusted carrying value of long-term invested assets owned. December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions	0
13. 1. 2.	SCHEDULE BA - VERIFICATION BETWEEN YEARS Book/adjusted carrying value of long-term invested assets owned. December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount.	0
13. 1. 2. 3. 4. 5. 6.	SCHEDULE BA - VERIFICATION BETWEEN YEARS Book/adjusted carrying value of long-term invested assets owned December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year	0
13. 1. 2. 3. 4. 5. 6. 7.	SCHEDULE BA - VERIFICATION BETWEEN YEARS Book/adjusted carrying value of long-term invested assets owned December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium	0
13. 1. 2. 3. 4. 5. 6. 7. 8.	Book/adjusted carrying value of long-term invested assets owned December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment	0
13. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Book/adjusted carrying value of long-term invested assets owned. December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period	0
13. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Book/adjusted carrying value of long-term invested assets owned December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period Total valuation allowance	0
13. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Book/adjusted carrying value of long-term invested assets owned December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period Total valuation allowance Subtotal (Lines 9 plus 10)	0
13. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	Book/adjusted carrying value of long-term invested assets owned December 31 of prior year Cost of acquisitions during year: 2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period Total valuation allowance	0

SCHEDULE D - PART 1A - SECTION 1

		Quality and Maturi			er 31. at Book/Adiuste	d Carrying Values by N		and NAIC Designation	s		
	1	2	3	4	5	6	7	8	9	10	11
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Place
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &	DA (Group 1)	_	1								
1.1 Class 1						0	0.0	0	0.0		
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		ļ
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
2. All Other Governments, Schedules	D & DA (Group 2)										
2.1 Class 1						0	0.0	0	0.0		
2.2 Class 2					•••••	0	0.0	٥	0.0		
2.3 Class 3						0	0.0	0	0.0		ļ
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	C
3. States, Territories and Possessions	s etc Guaranteed. So	chedules D & DA (Grou	ip 3)	<u> </u>		·	*	· · · · · · · · · · · · · · · · · · ·	***	·	,
3.1 Class 1						0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						n	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	n	0	n	0	0.0	0	0.0	Λ	
4. Political Subdivisions of States, Te	U	U	edules D & DA (Group	4)	U	U	0.0	U	0.0	U	
4.1 Class 1	littories and rossess	Jons, Guaranteeu, Sch	edules D & DA (GIOUP	")		0	0.0	860.482	85.7		
4.2 Class 2							0.0	000,402	0.0		
4.3 Class 3						 N	0.0		0.0		
4.4 Class 4						0	0.0	0	0.0		†
4.5 Class 5							0.0	Ω	0.0		
4.6 Class 6						T	0.0	 N	0.0		İ
4.7 Totals	0	^	Λ.	0	0	0	0.0	860,482	85.7	^	
	U	U	odules D & DA (C::::::	<u>U</u>	0	U	0.0	000,482	80.7	U	U
5. Special Revenue & Special Assess	inient Obligations etc.	., Non-Guaranteed, Sch	iedules D & DA (Group	ວ)			0.0	_	0.0		
5.1 Class 1						·t0	0.0	0	0.0		
5.2 Class 2						-t0	0.0	0	0.0		
5.3 Class 3	ļ		 			·0	0.0	0	0.0		
5.4 Class 4						0	0.0	0	0.0		
5.5 Class 5						0	0.0	0	0.0		ļ
5.6 Class 6						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

9.6 Class 6

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Community Choice Michigan

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations Over 1 Year Through Over 5 Years Through Over 10 Years Col. 6 as a Total from Col. 6 % From Col. 7 Total Publicly Total Privately Placed Quality Rating per the NAIC Designation 1 Year or Less 5 Years 10 Years Through 20 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year Prior Year Traded (a) 6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6) 0.0. 6.1 Class 1 0.0. 6.2 Class 2 0.0 0.0 0.0 6.3 Class 3 .0.0 6.4 Class 4 ..0.0 0.0 ..0.0 6.5 Class 5. .0.0 0.0 0.0 6.6 Class 6 0.0 0.0 6.7 Totals 7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) 7.1 Class 1 ..0.0 .144,028 .14.3 7.2 Class 2 0.0 .0.0 7.3 Class 3 0.0 0.0. 7.4 Class 4 0.0 0.0 0.0 7.5 Class 5 .0.0 0.0 7.6 Class 6 0.0 0.0 144.028 14.3 7.7 Totals 8. Credit Tenant Loans, Schedules D & DA (Group 8) 0.0 8.1 Class 1 .0.0 0.0. .0.0 8.2 Class 2 8.3 Class 3 ..0.0 .0.0 8.4 Class 4 0.0 .0.0 8.5 Class 5 0.0 .0.0 0.0 8.6 Class 6 0.0 0.0 0.0 9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9) .0.0 9.1 Class 1 .0.0 9.2 Class 2 ..0.0 .0.0 9.3 Class 3 0.0 .0.0 9.4 Class 4 0.0. .0.0 9.5 Class 5. 0.0 0.0

0.0

0.0

0.0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Total from Col. 6 Total Publicly Total Privately Placed Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation Through 20 Years Over 20 Years 1 Year or Less 5 Years 10 Years **Total Current Year** % of Line 10.7 Prior Year Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 XXX XXX. ..0.0 .XXX. XXX. 10.2 Class 2 .XXX. 0.0. XXX. 10.3 Class 3 .XXX. 10.4 Class 4 0.0. XXX. XXX 10.5 Class 5 0.0 XXX 0.0 XXX XXX 10.6 Class 6 0 10.7 Totals 0.0 XXX XXX 10.8 Line 10.7 as a % of Col. 6 0.0 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX 0.0 0.0 11. Total Bonds Prior Year XXX 1.004.510 100.0 1.004.510 860.482 11.1 Class 1 XXX XXX 11.2 Class 2 0 0 11.3 Class 3 XXX XXX 0.0 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 .860,482 .144,028 .XXX. .1,004,510 ..1,004,510 11.7 Totals ...0 .XXX. .100.0 11.8 Line 11.7 as a % of Col. 8 85.7 14.3 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds .1,004,510 .100.0 XXX 12.1 Class 1 12.2 Class 2 0 0 0.0 XXX 0.0 XXX 12.3 Class 3 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 12.7 Totals .1,004,510 .100.0 XXX 12.8 Line 12.7 as a % of Col. 6 0.0 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX 0.0 XXX 12.9 Line 12.7 as a % of Line 10.7, 0.0 0.0 0.0 0.0 0.0 0.0 XXX XXX 0.0 XXX Col. 6, Section 10 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0.0 0.0 XXX 0.0 0 0 13.6 Class 6 13.7 Totals 0.0 0.0 XXX 13.8 Line 13.7 as a % of Col. 6 0.0 0.0 ..0.0 0.0 .0.0 0.0 XXX. XXX XXX XXX. .0.0 13.9 Line 13.7 as a % of Line 10.7. 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX XXX 0.0 Col. 6. Section 10

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

	Maturity Dietrik			at Book/Adjusted C			uma af lagues				
	Maturity Distribu	Ition of All Bonds O	Mned December 31,	at Book/Adjusted C	arrying values by N	lajor Type and Subt	ype of issues	8	0	10	11
	1	Over 1 Year	Over 5 Years	Over 10 Years	5	0	Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Voor or Loop		Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year		Prior Year	Prior Year	Traded	Placed
1. U.S. Governments. Schedules D & DA (Group 1)	1 Year or Less	Through 5 Years	Through to Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior rear	rraded	Placed
1.1 Issuer Obligations		l				0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities	• • • • • • • • • • • • • • • • • • • •					0	0.0		0.0		
	^	0	0	^	^	v		0	0.0	^	
1.7 Totals	0	0	Ü	0	0	0	0.0	U	0.0	0	
2. All Other Governments, Schedules D & DA (Group 2)		1	ı			0	0.0	0	0.0		
2.1 Issuer Obligations						0		U			
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	U	0.0		†
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
2.3 Defined						U	0.0	U	0.0		
2.4 Other	•					0	0.0	U	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES						0	0.0		0.0		
2.5 Defined						0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations						0	0.0	Ω	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined						0	0.0	0	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	ules D & DA (Group 4)	Ů	·	· ·		Ů	0.0	Ů		·	
4.1 Issuer Obligations	alco D a DA (alcap 1)					0	0.0	860,482	85.7		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES					•						
4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
4.5 Defined						0	0.0	0	0.0		
4.6 Other						0	0.0	0	0.0		I
4.7 Totals	Λ	0	Λ	n	Λ	0	0.0	860,482	85.7	Λ	
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	lulae D & DA (Graus 5)	U	U	U	U	U	0.0	000,402	00.1	U	
5.1 Issuer Obligations	inies n a na (aionb 3)					0	0.0	n	0.0		
5.2 Single Class Mertaga Backed/Asset Backed Sequities						Λ	0.0	n	0.0		1
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						1		νυ			
5.3 Defined						0	0.0	n	0.0		
5.4 Other	•					Λ	0.0	n	0.0		†
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-			İ			1		ν			†
BACKED SECURITIES											
5.5 Defined						0	0.0	0	0.0		
						0	0.0	J	0.0		t
5.6 Other	^	_	_	_	^	, and the same of		0		^	1
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

SCHEDULE D - PART 1A - SECTION 2 (continued)
Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

		maran ny Disa maran	DOLLAR SPINOS IIV IO	December 31, at DOOR	maturity distribution of All Bolius Owned December 51, at BOOK Adjusted Carrying Values by major Type and Subtype of Issues	ues by major i ype arr	ountype of 1881	nes			
	-	- N N	8	4 (വ	9	7	8 0 -0	1 0 0 1	10 Total Publicly	11
Distribution by Type	1 Year or Less	Over 1 Year I hrough 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	l otal trom Col. 6 Prior Year	% From Col. / Prior Year	Fraded	l otal Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)	Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
6.3 Defined						0	0.0	0	0.0		
						2	D.	2	D. D.		
BACKED/ASSET-BACKED SECURITIES 6.5 Defined						0	0.0	0	0.0		
						0	0.0	0	0.0		
	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)	les D & DA (Group 7)										
7.1 Issuer Obligations						0	0.0	144,028	14.3		
						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other		c	c	c	C	0	0.0	0	0.0	c	
// Totals	0	0	0	0	0	0	0.0	144,028	14.3	0	0
8. Credit Ienant Loans, Schedules D & DA (Group 8	2					U		C	0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9)	& DA (Group 9)										
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						Õ	0.0	0	0.0		
						ŋ	0.0	Ü	0.0		
						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carving Values by Maior Tune and Subtrace of Issues

Maturity Distrik	oution of All Bond	Maturity Distribution of All Bonds Owned December 31, at Boo	er 31, at Book/Adju	ısted Carrying Va	k/Adjusted Carrying Values by Major Type	and S	Issues				
	-	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	2	6 Total	7 Col 6 as a %	8 Total From Col 6	9 % From Col 7	10 Total Publich	11 Total Privat
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year		Traded	Placed
10. Total Bonds Current Year											
	O C	Õ	O (0	O (O O	0.0	XXX	XXX	0	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities Milital Ass Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	
	0	0	0	0	0	0	0.0	XXX	XXX	0	
	0	0	0	0	0	0	0.0	XXX	XXX	0	
	(•		(•	·	,	22.2	, and a	•	
10.5 Defined	0.0	0.0	00	0.0	00	00	0.0	XXX	XXX	0.0	
	> C	> <	> C	> <	> 0	2 0	2.0	VVV	VVV	> <	
10.7 Totals 10.8 Tine 10.7 as a % of Col. 6	0 0	0 0	0 0	0 0	0.0	0 0	O.O.XXX	XXX	XXX	0 0	
tal Bonds Prior Year											
11.1 Issuer Obligations	860,482	144,028	0	0	0	XXX	XXX	1,004,510	100.0	1,004,510	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	
	((((XXX	AAAA	(C C	(
11.3 Defined		0	O C	00	D C	XXX	XXX	0	0.0	0.0	
	2		O.	0	2	VVV	VVV	0	0.0	O	
11.5 Defined	0	0	C	O	C	XXX	XXX	0	0.0	C	
	0	0	0	0	0	XXX	XXX	0	0.0	0	
11.7 Totals	.860,482	144,028	0	0	0	XXX	XXX	1,004,510	100.0	1,004,510	
11.8 Line 11.7 as a % of Col. 8	85.7	14.3	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations						0	0.0	1,004,510	100.0	0	XXX
						0	0.0	0	0.0	0	XXX
12.3 Defined						0	0.0	0	0.0	0	XXX
						O.	0.0	n .	0.0	O	γγγ
								C			^^
							0.0		0.0	00	XXX
12.0 Utiler 197 Totals	C	U	C	C	C		0.0	1 004 510	100 0	0	X X X
		0 0	0	0	0	0 0		Ĥ	2. XXX	0	XXX
	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XX
						0	0.0	0	0.0	XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	
MOLII-OLAVS RESIDENIJAL MORTGAGE-BACKED SECORITIES						0	0	0	0 0	XXX	
						0	0.0	0	000	XXX	
						C	C	C	C	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
13.6 Other						OC	0.0	00	0.0	XXX	
	0	0	0	0	0	0	0.0	0	0.0	XXX	
	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	
	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years	ENTS Between Years				
	-	2	င	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	860,482	860,482	0	0	0
2. Cost of short-term investments acquired	0				
3. Increase (decrease) by adjustment	3,518	3,518			
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
	864,000	864.000			
	0	0	0	0	0
8. Total valuation allowance	0				
	0	0	0	0	0
	0				
11. Statement value (Lines 9 minus 10)	0	0	0	0	0
12. Income collected during year	19,729	19,729			
13. Income earned during year	15,892	15,892			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)	
۷.	Cost/Option Premium (Section 2, Column 7)	
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12 (Section 2 Column 13 13	
4.	Gain/(Loss) on Termination:	
	4.1 Recognized (Section 3, Column 14)	0
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	0
5.	Consideration Received on Terminations (Section 3, Column 12)	
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)	
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
	7.1 Recognized	
	7.2 Used to Adjust Basis of Hedged Item	
8.	Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year)		.0
2.	Consideration received (Section 2, Column 7)		0
3.	Consideration received (Section 2, Column 7)		0
4.	Gain/(Loss) on Termination:		
	4.1 Recognized (Section 3, Column 14)	0	
	4.2 Used to Adjust Basis (Section 3, Column 15)	0	.0
5.	Consideration Paid on Terminations (Section 3, Column 12)		.0
6.	Used to Adjust Basis on Open Contracts (Section 1, Column 13)		.0
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:		
	7.1 Recognized	••••	
	7.2 Used to Adjust Basis		.0
8.	Aggregate write-in book value, December 31, Current Year		.0

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

	Verification Between Vers de Agorigan Write-in Block accepts Swaps and Forwards
1.	Aggregate write-in book value, December 31, prior year (Sach & Life 8, prior year)
2.	Cost or (Consideration Received) (Section 2, Column 7)
3.	Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)
	Gain/(Loss) on Termination:
	4.1 Recognized (Section 3, Column 14)
	4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)
5.	Consideration Received (or Paid) on Terminations (Section 3, Column 12)
6.	Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)
7.	Disposition of Deferred Amount on Contracts Terminated in Prior Year:
	7.1 Recognized
	7.2 Used to Adjust Basis of Hedged Item
8.	Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts 1. Aggregate write-in book value, December 31, prior year (Section 4, Line 8, prior year) 2. Change in total Variation Margin on Open Contracts (Differ 3.1 Change in Variation Margin on Open Contracts used to Ad 1. <u>Co</u>lumn 10) 3.2 Change in Variation Margin on Open Contracts Recognized 4.1 Variation Margin on Contracts Terminated During the Year (Section 3, Column 6) 4.2 Less: 4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11) ... 4.3 Subtotal (Line 4.1 minus Line 4.2) ... 6. Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2) 7. Disposition of Gain/(Loss) on Contracts Terminated in Prior Year: 7.1 Recognized 7.2 Used to Adjust Basis of Hedged Item 8. Aggregate write-in book value, December 31, Current Year (Lines 6 + 7.1 + 7.2)

SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS

Verification of Statement Value and Fair Value of Open Contracts

Statement Value

1.	Part A, Section 1, Column 10	0	
2.	Part B, Section 1, Column 10	0	
3.	Part C, Section 1, Column 10	0	
4.	Part B, Section 1, Column 10. Part C, Section 1, Column 10. Part D, Section 1, Column 9 - 12	0	
- 5	lines $(1) - (2) + (3) + (4)$		0
6.	Part E, Section 1, Column 4	0	
7.	Part E, Section 1, Column 5	0	
8.	Lines (5) - (6) - (7)		0
		Fair Value	
9.	Part A, Section 1, Column 11		
9. 10.		0	
		0	
11.	Part B, Section 1, Column 11	0 0	
11. 12. 13.	Part B, Section 1, Column 11. Part C, Section 1, Column 11. Part D, Section 1, Column 9. Lines (9) - (10) + (11) + (12).	0 0 0	0
11. 12. 13. 14.	Part B, Section 1, Column 11. Part C, Section 1, Column 11. Part D, Section 1, Column 9. Lines (9) - (10) + (11) + (12). Part E, Section 1, Column 7	0 0 0 0	0
11. 12. 13. 14.	Part B, Section 1, Column 11. Part C, Section 1, Column 11. Part D, Section 1, Column 9. Lines (9) - (10) + (11) + (12).	0 0 0 0	0

SCHEDULE DB - PART F- SECTION 1

Summary of Replicated (Synthetic) Assets Open

	Replicated	d (Synthetic) Asset				,		nents of the Replicated (Synthetic)	Asset		
1	2	3	4	5	Derivative Instruments (Open		Cash	Instrument(s) H	eld	
					6	7	8	9	10	11	12
Replication		NAIC									NAIC
RSAT		Designation or Other Description	Statement						Statement		Designation or
Number	Description	Other Description	Value	Fair Value	Description	Fair Value	CUSIP	Description	Value	Fair Value	NAIC Designation or Other Description
					NON			•			
9999999 Totals					XXX		XXX	XXX			XXX

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ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Community Choice Michigan

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

				n of Replicated (Synth			1		1	
	First C	luarter	Second	Quarter	Third C	Quarter	Fourth	Quarter	Year-to	
	1	2	3	4	5	6	7	8	9	10
		Total Replicated		Total Replicated		Total Replicated		Total Replicated		Total Replicated
		(Synthetic) Assets		(Synthetic) Assets		(Synthetic) Assets		(Synthetic) Assets		(Synthetic) Assets
	Number of Positions	Statement Value	Number of Positions	Statement Value	Number of Positions	Statement Value	Number of Positions	Statement Value	Number of Positions	Statement Value
		_	_	_			_	_	_	
Beginning Inventory	0	0	0	0	0	0	0	0	0	0
									0	
Add: Opened or Acquired Transactions									U	U
3. Add: Increases in Replicated Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
3. Add. Increases in hepiicaled Asset Statement value										
Less: Closed or Disposed of Transactions									0	0
Edds. Globad of Biopodad of Transactions										
Less: Positions Disposed of For Failing Effectiveness										
Criteria									0	0
Less: Decreases in Replicated (Synthetic) Asset	WWW		VVVV		VVVV		VVVV		VVVV	_
Statement Value	XXX		XXX		XXX		XXX		XXX	0
	^	^	^	^	^	^	^	^	^	^
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

SCHEDULE S - PART 1 - SECTION 2

			Reinsurance Assumed f	or Accident and Health Insurance Listed by Reir	sured Compa	iny as of December	31, Current Year	_			
1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
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0399999	Totals										

SCHEDULE S - PART 2

	Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year 1 2 3 4 5 6 7										
1	2	3	4	5	6	7					
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses					
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0799999 - To	ntale										

SCHEDULE S - PART 3 - SECTION 2

1	2			Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year										
	2	3	5		6	7	8	9	Outstanding Surplus Relief		12	13		
NAIC								Reserve Credit	10	11	Modified			
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld		
Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance		
0199999 -	Total Affiliates	3				0								
			Standard Security Life Insurance Company of New York											
69078	13-5679267	01/01/2004	York	New York, New York	SSL/L	498,282								
0299999 -	Total - Non-Aff	iliates				498,282								
	·····					• • • • • • • • • • • • • • • • • • • •								
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0399999	Totals					498, 282								

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
	· · · · · · · · · · · · · · · · · · ·												
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	· · · · · · · · · · · · · · · · · · ·												
1199999	Totals												
					I .					1	1		1

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(000 Officted)											
		1 2004	2 2003	3 2002	4 2001	5 2000					
Α. (DPERATIONS ITEMS										
1.	Premiums	0	0	0	0	0					
2.	Title XVIII-Medicare	0	0	0	0	0					
3.	Title XIX-Medicaid	498	325	339	348	312					
4.	Commissions and reinsurance expense allowance		0	0	0	0					
5.	Total hospital and medical expenses		0	0	0	0					
В. І	BALANCE SHEET ITEMS										
6.	Premiums receivable		0	0	0	0					
7.	Claims payable		0	0	0	0					
8.	Reinsurance recoverable on paid losses	0	0	0	0	0					
9.	Experience rating refunds due or unpaid		0	0	156	313					
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0					
11.	Unauthorized reinsurance offset	0	0	0	0	0					
C. I	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)										
12.	Funds deposited by and withheld from (F)	0	0	0	0	0					
13.	Letters of credit (L)	0	0	0	0	0					
14.	Trust agreements (T)	0	0	0	0	0					
15.	Other (O)	0	0	0	0	0					

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	•	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	25 , 550 , 827		25 , 550 , 827
2.	Accident and health premiums due and unpaid (Line 12)	0		0
3.	Amounts recoverable from reinsurers (Line 13.1)	0		0
4.	Net credit for ceded reinsurance.	XXX	0	0
5.	All other admitted assets (Balance)	2,335,002		2,335,002
6.	Total assets (Line 26)	27,885,829	0	27,885,829
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	15,088,385	0	15,088,385
8.	Accrued medical incentive pool and bonus payments (Line 2)	346 , 130		346 , 130
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	1,725,927		1,725,927
12.	Total liabilities (Line 22)	17 , 160 , 442	0	17 , 160 , 442
13.	Total capital and surplus (Line 30)	10,725,387	XXX	10,725,387
14.	Total liabilities, capital and surplus (Line 31)	27,885,829	0	27,885,829
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool.	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	0		

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SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or	(Disbursements)						
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
Oode	38-2170985	Alcona Health Center	Dividends	Contributions	IIIVEStillelits	Ailliale(3)	322,576	Agreements		Dusiness	322.576	rakeri/(Liability)
	38-2679075	Family Health Center Pattle Creek			•••••		775,108				775 , 108	
	38-2406558	Hamilton Family Health Center					226.241				226.241	
	30-2400000	Thomaton Pan Oceanic Center					220,241				220,241	
	38-2290337	Family Health Center - Battle Creek Hamilton Family Health Center Thunder Bay Community Health Baldwin Family Health Care					207,599				207,599	
	38-2053619	Baldwin Family Health Care					278,867				278,867	
	23-7107569	Family Health Center – Kalamazoo					300,019				300,019	
	38 - 1908328	Health Delivery Inc					923,523				923,523	
	38 - 6020434	Health Delivery Inc					180,369				180,369	
	38 - 2853534	Cherry Street Health Services. East Jordan Family Health Center					931,447				931,447	
	38 - 2150252	East Jordan Family Health Center					51,208				51,208	
	38 - 2308659	Family Medical Center Intercare Community Health Network					242,025		I		242,025	
	38 - 2009364	Intercare Community Health Network					1.027.344		l		1.027.344	
	38-2205859	Sterling Area Health Center					4,713				4,713	
95562	38-3252216	Community Choice Michigan.					(14,558,919)				(14,558,919)	
00002	. 38-3252216 36-3338328	Americhoice					156,807				156,807	
	31-1703371	Care Source Management Group.		• • • • • • • • • • • • • • • • • • • •			8,931,073				8,931,073	
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9999999 0	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES	l.	, NO	[X]
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES	[X]	NO] (]
3.	Will an actuarial certification be filed by March 1?	YES	[]	NO) [X]
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES	[X]	NO] (]
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES	[X]	NO] (]
6.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO) [X]
7.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO) [X]
	APRIL FILING					
8.	Will Management's Discussion and Analysis be filed by April 1?	YES	[X]	NO] (]
9.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	YES	[]	NO) [X]
10.	Will the Investment Risks Interrogatories be filed by April 1?	YES	[X]	NO] (]
	JUNE FILING					
11.	Will an audited financial report be filed by June 1 with the state of domicile?	YES	[X]	NO] (]
XPLA	ANATIONS:					
Not	annlicable					

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- 1. Not applicable
- 3. Extension granted until March 30, 2005 by State of Domicile
- 6. Not applicable
- 7. Not applicable
- 9. Not applicable

BAR CODE:











OVERFLOW PAGE FOR WRITE-INS